



Teen Summer Reading Program Application Indiana State Library - Talking Book and Braille Library

(Anyone ages 14-18 who cannot read a regular print book because of a visual or physical disability is eligible to join)

Please complete the following information:

Name _____

Address _____

City _____ State _____ Zip Code _____

County _____ Phone Number () _____

Email _____

Date of birth _____ Grade Level _____ Reading Level _____ Sex _____

Name of Parent or Guardian _____

Daytime Phone Number () _____

Check the reading media you would like to use this summer:

Digital _____ Braille _____ Large Print _____ BARD _____

Do you presently have a machine borrowed from our library? Yes _____ No _____

Using BARD Mobile Only _____

List titles of books you would like

List favorite Author/Authors

List favorite subjects
